

October 19, 2006

Montana Medicaid Notice

Ambulances, Outpatient Hospitals

Mileage Rate Increase

Effective 11/01/2006

Effective November 1, 2006, the Department will increase the mileage rate for ambulance providers in accordance with the following fee schedule. All other edits and policies remain unchanged. These rates will be reflected in an upcoming rule change.

Procedure Code	Description	Reimbursement	PA
A0380	Basic Life Support Mileage	\$2.73 per mile	Y
A0390	Advanced Life Support Mileage	\$2.73 per mile	Y
A0425	Ground Mileage	\$2.73 per mile	Y
A0435	Fixed Wing Air Mileage	\$3.84 per mile	Y
A0436	Rotary Wing Air Mileage	\$10.09 per mile	Y

Contact Information

For questions regarding ambulance mileage reimbursement or procedures, please contact Dan Peterson, Chief, Acute Services Bureau at (406) 444-4144 or Deb Stipcich, Hospital Program Officer at (406) 444-4834.

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>